

# Work Order ID 127183

Monday, December 15, 2014 8:44:37 AM

**\*127183\***

*Jan 5th*

Page 1

Item ID: D3018-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Seat Cushion  
 Start Date: 12/15/2014 Start Qty: 8.00 **\*8\*** Cust Item ID:  
 Required Date: 12/31/2014 Req'd Qty: 8.00 **\*8\*** Customer:  
 Reference:

Approvals: Process Plan: *WMF* Date: *14-12-15* Tooling: Date: Run Start **\*NR1\***  
 QC: Date: SPC (Y/N): Date: Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D3018    | B            |

100 0.00

**\*100\***

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O:

*26788*

Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning

Order: Grade 55.65 (colour orange), Density 3.6lb/ft³

Material must meet FAR 27.853(a) or 25.853(a)

Part is symmetric about centerline-All dimensions

*C2 14/12/15 8*

110 0.00

**\*110\***

Packaging

Packaging

Memo

0.00

Packaging

Ensure Material Release Note is attached

*8x SP15-01-5*

# Work Order ID 127183

**\*127183\***

Page 2

Monday, December 15, 2014 8:44:37 AM

Item ID: D3018-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Seat Cushion  
 Start Date: 12/15/2014 Start Qty: 8.00 **\*8\*** Cust Item ID:  
 Required Date: 12/31/2014 Req'd Qty: 8.00 **\*8\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                            | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp    |
|--------------------------------|-------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| 120                            | QC6- Inspect dimensions to drawing                                                  | 0.00                 |         |        |              |               |               |                  | DAS<br>38<br>9-89 |
| <b>*120*</b>                   |                                                                                     |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                                                                | 0.00                 |         |        |              |               |               |                  |                   |
| Quality Control                | *****REMOVE "CHESTNUT FOAM" LABEL AND ATTACH TO WORK<br>ORDER FOR TRACEABILITY***** |                      |         |        |              |               |               |                  | JAN 08 2015       |
| 130                            | Identify as per dwg & Stock Location: <u>S405</u>                                   | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*130*</b>                   |                                                                                     |                      |         |        |              |               |               |                  |                   |
| Packaging                      | Memo                                                                                | 0.00                 |         |        |              |               |               |                  | DAS<br>06<br>9-89 |
| Packaging                      |                                                                                     |                      |         |        |              |               |               |                  | JAN 08 2015       |
| 140                            | QC21- Final Inspection - Work Order Release                                         | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*140*</b>                   |                                                                                     |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                                                                | 0.00                 |         |        |              |               |               |                  |                   |
| Quality Control                |                                                                                     |                      |         |        |              |               |               |                  | MCS 15-01-09      |

*Handwritten signature and date: 15-1-8*

## Picklist Print

Monday, December 15, 2014 8:44:36 AM

Page 1

**Work Order ID:** 127183

**\*127183\***

**Parent Item:** D3018-1

**\*D3018-1\***

**Parent Item Name:** Seat Cushion

**Start Date:** 12/15/2014**Required Date:** 12/31/2014

**Start Qty: 8.00**

**Required Qty: 8.00**

**Comments:** IPP: B01.06.08Removed acid etch & alodine EC  
11.08.08 added note per NCR 11-588 DD VERF:EC IPP REV:C

[illegible]

8                      7                      6                      5                      4                      3                      2

D

B

A

- 6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:  
CHESTNUT RIDGE FOAM, INC.  
443 WAREHOUSE DR.  
LATROBE, PA 15650  
SO#  
DATE MFD:  
DART AEROSPACE LTD. P/N D3018-1
- 7) PART IS SYMMETRICAL ABOUT CENTERLINE
- 8) MAKE PER TEMPLATE
- 9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 502148-99

B

A

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NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT  
WRITTEN PERMISSION FROM DART AEROSPACE LTD.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                                 | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |                                                     |                   |                    |             |              |              |
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Transport     |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO26788**

Purchase Order Date 12/15/2014

PO Print Date 12/15/2014

Page Number 1 of 2

**Order From :**

VU-CHE001

**Ship To :** DART AEROSPACE LTD

CHESTNUT RIDGE FOAM, INC.  
PO BOX 6015  
HERMITAGE, PA 16148  
US

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone** 724 537 9000

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #**

10127-2607

**Ship To Contact**

**Terms**

Net 30

**Ship To Phone**

**Currency**

USD

**Ship Via:**

FedEx Overnight collect

**FOB**

Destination-Collect

**Ship Acct:**

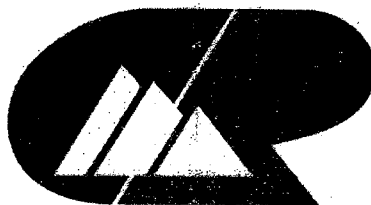
| Line Nbr | Reference<br>Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price      | Extend<br>Pri |
|----------|-----------------------------------------------------------------------|------------------------|--------------------------------------|----|--------------------------------|--------------------|---------------|
| 1        | D3018-1P<br><br>AS PER DWG D3018 REV. B<br>B127183                    | Seat Cushion           | 1/5/2015<br>Yes<br>1/5/2015          |    | 8.00<br>Each                   | \$60.40            | \$483.        |
|          |                                                                       |                        |                                      |    |                                | <b>Line Total:</b> | <b>\$483.</b> |
| 2        | D3019-1P<br><br>AS PER DWG D3019 REV. B<br>B127184                    | Back Cushion           | 1/5/2015<br>Yes<br>1/5/2015          |    | 8.00<br>Each                   | \$46.77            | \$374.        |
|          |                                                                       |                        |                                      |    |                                | <b>Line Total:</b> | <b>\$374.</b> |

Note:

12/15/2014

Chestnut Ridge Foam, Inc.  
443 Warehouse Drive  
P.O. Box 781  
Latrobe PA 15650

Phone: 724-537-9000  
Fax: 724-537-9003



Pack Slip: 64070

Packing Slip

Page: 1 of 1

Ship To: Fed Exp #1517-9324-0  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury, ONTARIO, CANADA K6A 1K7

Phone: 613-632-3336  
Fax: 613-632-1053

Sold To: Chantal Lavoie Fax#: 613-632-1053  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury, ONTARIO, CANADA K6A 1K7

Phone: 613-632-3336  
Fax: 613-632-1053

Ship Date: 12/31/2014  
Ship Via: Fed Exp Int P1

F.O.B. Origin

| PO Line | Part Number/Description | Planned Qty | Shipped Qty | Rev | PO Line |
|---------|-------------------------|-------------|-------------|-----|---------|
|---------|-------------------------|-------------|-------------|-----|---------|

Sales Order: 51502

Your PO: PO26788

Salesperson: Aircraft

Certificate of Conformity that all components comply with 14CFR 25.853(a) 12 Second Vertical Burn with Shipment

Line 1 Rel 1

D3018-1P

AIRFLEX Bottom Cushion  
8.00 EA

8.00 EA ✓

Our Part: 502148-99

Line 2 Rel 1

D3019-1P

AIRFLEX Back Cushion  
8.00 EA

8.00 EA

Our Part: 601988-99

8015-01-5

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000

**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15323**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF14016  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 55-65

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 5-13-14  
TIME : 12:00 PM

TEST STARTED : DATE : 5-14-14  
TIME : 12:25 PM

**RESULTS :**

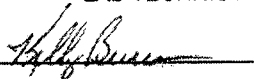
|      | FLAME TIME<br>(SECONDS) | DRIPPINGS<br>(SECONDS) | BURN LENGTH<br>(INCHES) |
|------|-------------------------|------------------------|-------------------------|
| #1.  | 0.0                     | 0.0                    | 5.2                     |
| #2.  | 0.0                     | 0.0                    | 5.2                     |
| #3.  | 0.0                     | 0.0                    | 4.8                     |
| AVG. | 0.0                     | 0.0                    | 5.1                     |

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853.  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
LAB TECHNICIAN





**CHESTNUT RIDGE FOAM INC.  
VERTICAL BURN TEST # 15384  
12-SECOND VERTICAL BUNSEN BURNER TEST  
FOR CABIN AND CARGO COMPARTMENT MATERIALS  
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT: TICKING FR 4440 FABRIC  
BATCH / LOT NO.: 0405  
CUSTOMER: PRODUCTION  
P.O. NO.:  
OTHER IDENTIFICATION: SUPPLIED BY: HANES CONVERTING CO. OF CONOVER, NC  
ON INVOICE #62-145425

TEST BEING RUN: VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F: YES

MATERIAL COMPOSITION: NA

MATERIAL PATTERN: WOVEN

MATERIAL COLOR: TAN

CONDITIONING STARTED: DATE: 6-19-14  
TIME: 9:00 AM

TEST STARTED: DATE: 7-10-14  
TIME: 1:30 PM

| RESULTS: | FLAME TIME<br>(SECONDS) |      | DRIPPINGS<br>(SECONDS) |      | BURN LENGTH<br>(INCHES) |      |
|----------|-------------------------|------|------------------------|------|-------------------------|------|
|          | WARP                    | FILL | WARP                   | FILL | WARP                    | FILL |
| #1.      | 0.0                     | 0.0  | 0.0                    | 0.0  | 4.0                     | 3.9  |
| #2.      | 0.0                     | 0.0  | 0.0                    | 0.0  | 4.0                     | 3.9  |
| #3.      | 0.0                     | 0.0  | 0.0                    | 0.0  | 3.9                     | 3.8  |
| AVG.     | 0.0                     | 0.0  | 0.0                    | 0.0  | 4.0                     | 3.9  |

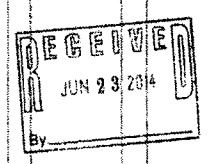
PASS: X FAIL:

**COMMENTS:**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853, PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (b).

TESTED BY: KELLY BURES  
LAB TECHNICIAN

*Kelly Bures*

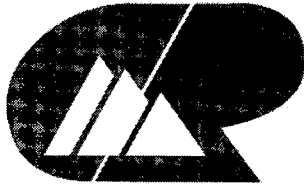
|                                                                                                                                                                                                                                                                                                                                 |                                |                              |                            |                                                                                                                                                 |      |                                                                                                                                         |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>CORPORATE OFFICE:</b><br>500 W. MCLELLIN CREEK RD.<br>P.O. BOX 457<br>CONOVER, NC 28613-0457<br>PHONE: (828) 464-4673<br>FAX: (828) 464-0459                                                                                                                                                                                 |                                |                              |                            | <br><i>engineered materials</i><br><i>Loggia Plus Company</i> |      | <b>INVOICE</b><br>PLEASE REMIT TO:<br>HANES ENGINEERED MATERIALS<br>L&F FINANCIAL SERVICES CO.<br>P.O. BOX 60984<br>CHARLOTTE, NC 28260 |                        |
| <b>SOLD TO:</b><br>CHESTNUT RIDGE FOAM<br>ROUTE 981 NORTH<br>PO BOX 781<br>LA TROBE, PA 15650                                                                                                                                                                                                                                   |                                |                              |                            | <b>SHIP TO:</b><br>CHESTNUT RIDGE FOAM<br>443 WAREHOUSE DRIVE<br>LA TROBE, PA 15650                                                             |      |                                                                                                                                         |                        |
| INVOICE NUMBER<br>62-145425                                                                                                                                                                                                                                                                                                     | INVOICE DATE<br>6/13/2014      | TERMS<br>NET 30              | CARRIER<br>USF HOLLAND INC | INVOICING<br>PER CUSTOMER REQUEST 5/17/01                                                                                                       |      | PROGRAM<br>C                                                                                                                            |                        |
| CUSTOMER NO.<br>15985                                                                                                                                                                                                                                                                                                           | CUSTOMER ORDER NO.<br>33660    | SLS. MOD. SL. SHAN<br>65 452 | ORDER DATE<br>6/10/2014    | CONOVER, NC                                                                                                                                     | DAY8 | S/L 54727                                                                                                                               | RELEASE #<br>010 40955 |
| QUANTITY<br>40.000                                                                                                                                                                                                                                                                                                              | DESCRIPTION<br>TICKING FR 4440 | UNIT<br>250 AL CC 27         | PRICE<br>4.900             | AMOUNT<br>C                                                                                                                                     |      |                                                                                                                                         |                        |
| CERTIFICATION:<br>THE SELLER DOES NOT CERTIFY, EITHER IMPLICITLY OR EXPLICITLY, THESE PRODUCTS TO MEET THE REQUIREMENTS OF ANY REGULATORY AGENCY OR SPECIFICATION EXCEPT AS MAY BE CERTIFIED ABOVE OR UNDER SEPARATE WRITTEN CERTIFICATION. ALL TRANSACTIONS ARE SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE. |                                |                              |                            |                                                                                                                                                 |      |                                                                                                                                         |                        |
| USE HOLLAND INC PROD 10752083719                                                                                                                                                                                                                                                                                                |                                |                              |                            |                                                                                                                                                 |      |                                                                                                                                         |                        |
| <div align="center">  </div>                                                                                                                                                                                                                 |                                |                              |                            |                                                                                                                                                 |      |                                                                                                                                         |                        |

15985

ORIGINAL

450 THE LAWS OF THE STATE OF NORTH CAROLINA SHALL GOVERN THIS TRANSACTION. A LATE PAYMENT CHARGE AT A PER ANNUM RATE EQUAL TO THE PRIME RATE OF THE CREDIT BANK OF NORTH CAROLINA SHALL BE IN EFFECT ON THE FIRST DAY OF EACH MONTH IN WHICH THE PAYMENT IS NOT MADE. WHICHEVER RATE IS HIGHER WILL BE APPLIED. ON THE FIRST DAY OF EACH MONTH ALL IN-PAID INVOICES SHALL BE DUE TO THE SELLER.

PAGE 1 LAST 41746



**Chestnut Ridge  
Foam, Inc.**

**Certificate of Conformance**

**SOLD TO:**

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury  
Ontario CANADA K6A 1K7

PURCHASE ORDER: PO26788

SALES ORDER: 51502

DATE SHIPPED: 12.31.2014

**"URGENT! FLAMMABILITY CERTIFICATION!  
ENCLOSED. PLEASE FORWARD TO  
PURCHASING. DO NOT THROW AWAY!"**

***I certify that the individual components comprising the part shipped  
against the above-referenced purchase order meets the following  
requirements:***

*14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(ii), AMENDMENT 25-116*

| Quantity | Customer Part Number | CRF Part Number | Material      | Batch Number |
|----------|----------------------|-----------------|---------------|--------------|
| 8        | D3018-1P             | 502148-99       | Airflex 55-65 | AF14016      |
|          |                      |                 |               |              |
|          |                      |                 |               |              |
| 8        | D3019-1P             | 601988-99       | Airflex 30-40 | AF14038      |
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***MADE IN THE U.S.A***

**Grace Harr**

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